



Government of the District of Columbia Department of Motor Vehicles

INSTRUCTIONS FOR PREPARING DISABILITY REPORTS WHEN CERTIFYING A NEED FOR HANDICAPPED PARKING PRIVILEGES BASED ON A PHYSICIAN'S VOUCHER

In order to obtain a handicapped permit or handicapped tags the private physician may be required to forward to the Department of Motor Vehicles a medical report which documents the presence of a medically determinable impairment which significantly impairs ambulatory ability. Impairments are considered to be medically determinable if they manifest themselves as signs or laboratory findings, apart from symptoms. Abnormalities, which manifest themselves only as symptoms, are not medically determinable. When the medical report suggests the presence of a condition that would impair safe driving then appropriate restrictions will be placed on the applicant's driving privileges.

The medical report must be signed by a duly licensed physician and should contain the applicant's medical history relating to the impairment(s) that affect ambulatory abilities. The report must contain the description of the physical examination and such supporting laboratory and X-Ray reports needed to determine the nature and severity of the impairment.

CATEGORY A of the Physician's Voucher refers to a disability for which the patient has permanently lost the use of one or both legs. In some instances the functional impairment resulting from the disability will be readily apparent e.g., the patient with an aka amputation. In the latter instance only a brief explanation must be provided on the Physician's Voucher. If the DMV Medical Reviewers find that an explanation of a disability is inadequate then the patient will be notified that additional medical information is needed from the Private Physician.

CATEGORY B of the Physician's Voucher refers to a disability severe enough to require the use of a mechanical device in order to be mobile. The same criteria apply to B as in A above.

CATEGORY C of the Physician's Voucher refers to pulmonary disabilities and the physician must submit the pulmonary function tests and arterial

blood gas reports with an interpretation of these tests. The test results must meet the criteria under category C of the Physician's Voucher.

CATEGORY D of the Physician's Voucher refers to permanent disabilities not included under A, B, or C above.

The more common disorders present under category D are listed in the section entitled "listing of impairments." Impairments in category D will require the forwarding of medical reports as described above which contain the applicant's medical history related to the impairment with a description of **a physical examination and supporting laboratory and X-Ray reports.** Applicants issued Handicapped Tags under category D may be required to periodically re-certify the existence of that disability at intervals determined by the Director of DMV.

CATEGORY E of the Physician's voucher refers to a temporary disability, which usually will require only a brief description of the disability and its anticipated duration.

CARDIOVASCULAR SYSTEM

The criteria for evaluating impairment resulting from heart diseases or diseases of the blood vessels are based on symptoms, physical signs and pertinent laboratory findings.

SEVERE CARDIAC IMPAIRMENT results from one or more of three consequences of heart disease: (1) congestive heart failure; (2) ischemia (with or without necrosis) of heart muscle; (3) conduction disturbances and/or arrhythmia resulting in cardiac syncope.

CONGESTIVE HEART FAILURE is not considered to be established for the purpose of disability unless there is vascular congestion such as hepatomegaly or peripheral or pulmonary edema, which is consistent with clinical diagnosis. (Radiological description of vascular congestion unless supported by appropriate clinical evidence should not be construed as pulmonary edema). Other congestive, ischemic, or restrictive (obstructive) heart diseases such as those caused by cardiomyopathy or aortic stenosis may result in significant impairment due to congestive heart failure, rhythm disturbances or ventricular outflow obstruction in the absence of left ventricular enlargement; however, clinical findings should be documented and diagnosis confirmed by echo cardiography or by cardiac catheterization.

ISCHEMIC HEART DISEASES may result in a marked impairment due to chest pain. A description of the pain must contain the clinical characteristics typical for anginal pain and the clinical impression of pain of cardiac origin must be supported by objective evidence from electrocardiogram, exercise testing, coronary arteriography, left ventriculography, echocardiography and other tests.

RECENT ARRHYTHMIA (not due to digitalis toxicity) resulting in uncontrolled repeated episodes of cardiac syncope and documented by resting or ambulatory electrocardiography are incompatible with safe driving.

ANEURYSM OF AORTA OR MAJOR BRANCHES (documented by roentgenographic evidence). With:

1. acute or chronic dissection not controlled by treatment
2. congestive heart failure
3. renal failure
4. repeated syncopal attacks

PERIPHERAL ARTERIAL DISEASE with:

1. Intermittent claudication with confirmation of arterial occlusion on arteriogram
2. intermittent claudication with marked impairment of arterial circulation as determined by Doppler studies showing:
 - a. resting ankle/brachial systolic blood pressure ratio of less than 0.50; or
 - b. a decrease in systolic blood pressure at ankle or exercise to 50 percent or less of pre-exercise level and requiring 10 minutes or more to return to pre-exercise level; or
 - c. amputation at or above the tarsal region due to peripheral arterial disease

DISORDER OF THE WEIGHT-BEARING JOINTS primarily refers to the hip, ankle and knee joints.

ACTIVE RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY ARTHRITIS should be associated with symptoms of persistent joint pain, swelling or tenderness and signs of joint inflammation (swelling and tenderness) on current physical exams despite undergoing prescribed therapy for at least three (3) months, resulting in significant restriction in the function of the affected joints. Corroboration of diagnosis at some point in time by either:

1. positive serologic test for rheumatoid factor; or
2. antinuclear antibodies, or

3. elevated sedimentation rate; or
4. characteristic histologic changes on biopsy

LISTING OF IMPAIRMENTS

MUSCULOSKELETAL SYSTEM

LOSS OF FUNCTION may be due to amputation or deformity. Pain may be an important factor but it must be associated with relevant abnormal signs or laboratory findings. Evaluations of musculoskeletal impairments should be supported by detailed descriptions of the joints, including ranges of motion, condition of the musculature, sensory or reflex changes, circulatory deficits, and x-ray abnormalities.

DISORDERS OF THE SPINE associated with vertebrogenic disorders result in impairment because of distortion of the bony and ligamentous architecture of the spine or impingement of a herniated nucleus pulposus or bulging annulus on a nerve root.

Impairment caused by the above may improve with time or respond to treatment. Appropriate abnormal physical findings must be shown to persist on repeated examinations despite therapy for a reasonable presumption that the severe impairment will be permanent. This may occur in cases with unsuccessful prior surgical treatment. A clinical diagnosis must be established on the basis of adequate history, physical examination and x-ray findings.

The history must include a detailed description of the character, location and radiation of pain, mechanical factors which incite and relieve pain, prescribed treatment, including type, dose and frequency of analgesics.

There must be a detailed description of the orthopedic and neurologic examination findings. The findings should include a description of gait, limitation of movement of the spine given quantitatively in degrees from the vertical position, motor and sensory abnormalities, muscle spasm, and deep tendon reflexes.

ARTHRITIS where manifested by ankylosis or fixation of the cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position with x-ray evidence of:

1. calcification of the anterior and lateral ligaments; or
2. bilateral ankylosis of the sacroiliac joints with abnormal apophyseal articulation; or

OSTEOPOROSIS, generalized (established by x-ray) manifested by pain and limitation of back motion and paravertebral muscle spasm with x-ray evidence of either:

1. compression fracture of a vertebral body with the loss of at least 50% of the estimated height of the vertebral body prior to the compression fracture, with no intervening direct traumatic episode; or
2. Multiple fractures of vertebrae with no intervening direct traumatic episode; or

OTHER VERTEBROGENIC DISORDERS

(e.g., herniated nucleus pulposus, spinal stenosis) with the following persisting for at least 3 months despite undergoing prescribed therapy and expected to be permanent. With both 1 and 2:

1. pain, muscle spasm, and significant limitation of motion in the spine; and
2. appropriate radicular distribution or significant motor loss with muscle weakness

ARTHRITIS OF A MAJOR-WEIGHT BEARING JOINT (DUE TO ANY CAUSE)

would meet eligibility if there is a history of persistent joint pain and stiffness with signs of marked limitation of motion or abnormal motion of the affected joint on current examination with:

1. a gross anatomical deformity of the joints (e.g., subluxation, contracture, bony or fibrous ankylosis or instability) supported by **x-ray** evidence of either significant joint space narrowing or significant bony destruction and markedly limiting ability to walk or stand; or,
2. reconstructive surgery or surgical arthrodesis of a major weight-bearing joint and return to full weight bearing status did not occur and is not expected to occur.

OSTEOMYELITIS OR SEPTIC ARTHRITIS

(established by X-ray) would meet eligibility criteria if:

1. located in the pelvis, vertebra, femur, tibia, or a major joint of the lower extremity with persistent activity or occurrence of at least two(2) episodes of acute activity within a five-month period prior to application for handicap disability and manifested by local inflammatory and systemic signs and laboratory findings and where the condition is expected to be permanent despite therapy; or
2. multiple localizations and systemic manifestations as in **Category A** above.

AMPUTATIONS OF ONE LOWER

EXTREMITY (at or above the tarsal region):

1. hernipectomy or hip disarticulation, or
2. amputation at or above the tarsal region due to peripheral vascular disease or diabetes mellitus; or
3. inability to use a prosthesis effectively without obligatory assistive devices, due to one of the following:
 - a. vascular disease; or

- b. neurological complications (e.g., loss of position sense); or
- c. stump too short or stump complications persistent, or are expected to persist permanently; or
- d. disorder of contralateral lower extremity which markedly limits ability to walk and stand

FRACTURE OF THE FEMUR, TIBIA, TARSAL BONE OR PELVIS with solid union not evident on X-ray and not clinically solid when such determination is feasible.